

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/521136**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		6		1		
8		1		1		
9		1		0		
10		1		1		
11		1		1		
12		1		0		
13		1		1		
14		1		1		
15		0		1		
16		0		1		
17		0		1		
18		0		1		
19		0		1		
20		0		1		
21		0		1		
22		0		1		
23		0		1		
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27		0		1		
28		0		1		
29		0		1		
30		0		1		
31		0		1		
32		0		1		
33		0		1		
34		0		1		
35		0		1		
36		0		1		
37		0		1		
38		0		1		
39		0		1		
40		0		1		
41		0		1		
42		0		1		
43		0		1		
44		0		1		
45		0		1		
46		0		1		
47	1			1		
48		1		1		
49	1					
50	1					
TOTAL IND.	4		2			
TOTAL DEP.		22		22		
TOTAL CLAIMS			24			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52						
53						
54						
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90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.		51				
TOTAL CLAIMS		55				